## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

50 7578189

FILING DATE

APPLICANT(S)

**CLAIMS** 

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PTO - 1360	(REV. 11/04)								1	J.S. DEPART	IMENT of Co	OMMERCE	<u></u>	* Carrier Transport
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